

FILED MAR. 31 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11044
 State File No. 2845
 Registrar's No.

318

1003

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|--|---------------------------|--|--------------------------------------|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 19 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 517 No. 14th | | | | d. STREET ADDRESS (If rural, give location) 28 1517 No. 14th | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Florence | | b. (Middle) Scalise | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) - 3 - 24 - 50 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | | 8. DATE OF BIRTH April 27 - 1913 | | 9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>ret</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <i>Italy</i> | | 12. CITIZEN OF WHAT COUNTRY? 5 | |
| 13a. FATHER'S NAME Athony Caruso | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Giacomo Scalise | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mike Scalise - 1517 No. 14th</i> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho - pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4111</i> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>3:30</i> | | 21e. INJURY OCCURRED WHILE AT () NOT WHILE AT WORK () WORK () AT WORK () | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <i>March 20</i> , 1950, to <i>March 24</i> , 1950, that I last saw the deceased alive on <i>March 24</i> , 1950, and that death occurred at <i>8 P m.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Robert G. Sanders, M.D.</i> | | | | 23b. ADDRESS <i>1502 Cass St</i> | | 23c. DATE SIGNED <i>3/25/50</i> | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | | 24b. DATE <i>3/27/50</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <i>MAR 25 1950</i> | | REGISTRAR'S SIGNATURE <i>J. B. Basater</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Bernick-Nickaus</i> | | ADDRESS <i>1431</i> | |

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Arnold R. Padwell*
Licensed Embalmer No. *4097*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

3/